

Affix patient label within this box

Post-Stroke Mood and Anxiety Disorder Clinic Referral (Edmonton Zone)

Fax this form to: RAH Stroke Prevention Clinic
Fax - 780-613-6156 Phone - 780-613-6155

All fields must be completed. Incomplete forms will result in assessment delays.

Referrals from Physicians or Nurse Practitioners will be accepted. Please indicate your referring location:

- UAH Stroke Prevention Clinic
 RAH Stroke Prevention Clinic
 GNCH Stroke Prevention Clinic
 GRH (Inpatient or Outpatient)
 Inpatient Stroke Unit at time of Patient Discharge
 North or Central Zone - Stroke Prevention Clinic
 Stroke Early Supported Discharge (SESD) Team

Patient Name		Date of Birth <i>(yyyy-Mon-dd)</i>	PHN	Phone Number
Alternate Contact Name		Phone Number	Referring Physician/NP	Prac ID
Referral Date <i>(yyyy-Mon-dd)</i>	Family Physician Name		Referral approved by Family Physician? <i>(SESD referrals only)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Stroke <i>(yyyy-Mon-dd)</i>		Type: <input type="checkbox"/> Ischemic <input type="checkbox"/> Hemorrhagic		
Location of Stroke		PHQ9 Score		
Reason for Referral		<p>PLEASE NOTE:</p> <ul style="list-style-type: none"> • This clinic offers one time psychiatric consultation/ assessment for individuals who experienced stroke within the past year who have developed subsequent neuropsychiatric symptoms (<i>including mood, anxiety, irritability, apathy or lability</i>) • This clinic does not accept requests for third party assessments (AISH, WCB etc.) 		
Psychiatric History				
Currently followed by psychiatrist? <input type="checkbox"/> No <input type="checkbox"/> Yes ► Name of psychiatrist: _____				
Current Substance Use and/or Substance Use History				
Medical History				
Current Medications				